

JAN 07 2008

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PTO/SB/21 (01-08)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

16

Application Number	10/684,557
Filing Date	10/14/2003
First Named Inventor	Taylor
Art Unit	3732
Examiner Name	O' Conner, Cary E.
Attorney Docket Number	GUID-005CON6

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<ul style="list-style-type: none">- Credit Card Payment Form (1 pg.)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<ul style="list-style-type: none">- Copy of Terminal Disclaimer (1 pg.)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<ul style="list-style-type: none">- Copy of the Postcard (1 pg.)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	<ul style="list-style-type: none">- Postcard
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Office of Alan W. Cannon		
Signature			
Printed name	Alan W. Cannon		
Date	1/31/08	Reg. No.	34,977

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Maria J. Sousa

Date

1/31/2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEETRANSMITTAL

For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 50.00)

Complete if Known

Application Number	10/684,557
Filing Date	10/14/2003
First Named Inventor	Charles S. Taylor
Examiner Name	O' Conner, Cary E.
Art Unit	3732
Attorney Docket No.	GUID-005CON6

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
210	105
370	185

Each independent claim over 3 (including Reissues)

Fee (\$)	Fee Paid (\$)
50	25
210	105

Multiple dependent claims

Fee (\$)	Fee Paid (\$)
370	185

Total Claims

33 - ~~30~~ or HP = 1 x 50 = 50.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

6 - ~~6~~ or HP = 0 x 50 = 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

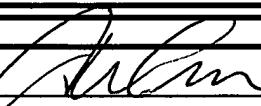
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 34,977	Telephone (407) 736-3554
Name (Print/Type)	Alan W. Cannon	Date	1/3/08

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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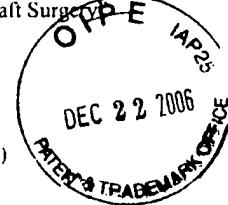
Atty: AWC/mjs
File No. G UID-005CON6
Application No.: 10/684,557
Confirmation No.: 5455
Inventor(s): Taylor et al.

Date Mailed: December 19, 2006
Date Filed: October 14, 2003

Title: "Surgical Instrument and Procedures for Stabilizing the Beating Heart During Coronary Artery Bypass Graft Surgery"

Enclosures:

- ◆ Transmittal (1 pg.)
- ◆ Fee Transmittal in duplicate (2 pgs.)
- ◆ Credit Card Payment Form (1 pg.)
- ◆ Amendment Under 37 C.F.R. §1.116 (11 pgs.)
- ◆ Two Terminal Disclaimers
- ◆ Postcard



Acknowledge Receipt of Enclosures
By Imprinting PTO Date Stamp
And Returning to Addressee